CALIFORNIA FORM FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS TICES COMMISSIO

RECEIVED Clerk of the Board

Date Received

Official Use Only

MAR 3 0 2010

Please type or print in ink

(LAST)

NAME

Walsh



10 APR - | PM 12: 4 A Public Document

(FIRST)

(MIDDLE) DAYTIME TELEPHONE NUMBER Hubert "Hub" Jr. STATE ZIP CODE OPTIONAL: E-MAIL ADDRESS

MAILING ADDRESS STREET CITY (Business Address Acceptable)
1. Office, Agency, or Court
Name of Office, Agency, or Court:
County of Merced
Division, Board, District, if applicable:
Board of Supervisors
Your Position:
Board Member, District Two
► If filing for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.)
Agency: See Attached
Position: See Attached
2. Jurisdiction of Office (Check at least one box)
☐ State
⊠ County of Merced
City of
Multi-County
Other
3. Type of Statement (Check at least one box)
Assuming Office/Initial Date:/
Annual: The period covered is January 1, 2009, through December 31, 2009.
-or-
O The period covered is/, through December 31, 2009.
Leaving Office Date Left:
O The period covered is January 1, 2009, through the date of leaving office.
-or-
O The period covered is/ through the date of leaving office.
Candidate Election Year:

4. Schedule Summary			
➤ Total number of pages including this cover page:5			
► Check applicable schedules or "No reportable interests." I have disclosed interests on one or more of the attached schedules:			
Schedule A-1 🔀 Yes – schedule attached Invesiments (Less than 10% Ownership)			
Schedule A-2 Yes – schedule attached Invesiments (10% or Greater Ormership)			
Schedule B			
Schedule C Yes – schedule attached Income, Loans, & Business Positions (income Other than Gifts and Travel Payments)			
Schedule D 🔀 Yes – schedule attached Income – Gifts			
Schedule E [] Yes – schedule attached Income – Gilis – Travel Payments			
-or-			
No reportable interests on any schedule			

5. Verification

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Sid

FPPC Form 700 (2009/2010)

Hubert "Hub" Walsh, Jr., District Two Merced County Board of Supervisors

Statement of Economic Interests - Form 700 (2009/2010)

EXPANDED STATEMENT

Agency – Merced County Association of Governments (MCAG)

Agency - Redevelopment Agency

Agency – Regional Council of Rural Counties (RCRC) (Alternate)

Agency - California Supervisors Association of Counties (CSAC) (Regular)

Agency – National Association of Counties (NACo) (Alternate)

Agency – Commerce, Aviation and Economic Development Revolving Loan Fund Board

Agency - Workforce Investment Board

Agency – Housing Authority of the County of Merced (Interim Member)

SCHEDULE A-1 Investments

Stocks, Bonds, and Other Interests (Ownership Interest is Less Than 10%)

CALIFORNIA FORM FAIR POLITICAL PRACTICES COMMISSION Name Hubert "Hub" Walsh

Do not attach brokerage or financial statements.

► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY		
Pacific Gas & Electric (PG&E)	Merced Co. PEBSCO Deferred Comp Act		
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY		
Public Utility	Deferred Comp/Mutual Fund		
FAIR MARKET VALUE	FAIR MARKET VALUE		
\$2,000 - \$10,000 X \$10,001 - \$100,000	∑ \$2,000 - \$10,000 ∑ \$10,001 - \$1f0,000		
\$100,001 - \$1,000,000 Over \$1,000,000	\$2,000 - \$10,000		
NATURE OF INVESTMENT	NATURE OF INVESTMENT Mutual Fund Stock Cither		
Stock Other(Describe)	(Describe)		
☐ Partnership ○ Incorne of \$0 + \$500 ○ Itrome Received of \$500 or More (Report on Schedule C)	Partnership () Income of \$0 - \$500 () Irroome Reteived of \$500 or More (Repair on Schedule C)		
IF A PP LICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:		
ACQUIRED DISPOSED	ACQUIRED DISPOSED		
NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY		
Madera Co. PERS Deferred Comp Act	American Capital/Van Kampen		
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY		
Deferred Comp Act/Mutual Fund	Mutual Fund		
FAIR MARKET VAILUE	FAIR MARKET VALUE		
\$2,000 - \$10,000 \(\infty \) \$10,000 - \$100,000 \(\infty \) \$100,001 - \$100,000 \(\infty \) Over \$1,000,000	\$2,000 - \$10,000 \S \$10,001 - \$100,000		
\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000		
NATURE OF INVESTMENT Mutual Fund	NATURE OF INVESTMENT Mutual Fund ☐ Stock ☑ Other		
(Describe)	Stock Diner		
Partnership Income of \$0 + \$500 Income Received of \$500 or More (Report on Schedine C)	Partnership Neome of \$0 - \$500 Otherwise Received of \$500 or Mare (Report on Schedule C).		
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:		
► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY		
Paine Weber (UBS) Portfolio	New World Famer's Insurance		
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	DENERAL DESCRIPTION OF BUSINESS ACTIVITY		
Money Market/Mutual Funds	Life Insurance/Money Market Investment		
FAIR MARKET VALUE	FAIR MARKET VALUE		
\$2,000 - \$10,000 \$10,000	\$2,000 - \$10,000 🔀 \$10,001 - \$100,000		
T \$1600,000 - \$1,000,000 Dec \$1,000,000	[] \$100,601 - \$1,000,000 [] Over \$1,000,000		
NATURE OF INVESTMENT Money Market/Mutual Fund	NATURE OF INVESTMENT Life Insurance		
[Describe)	Onesofitie)		
☐ Pitchership ○ Incume of \$U - \$500 ○ Income Risceived of \$500 or More (Reput in Schwinte (2)	Partnership Income of \$0 - \$500 Income Received of \$500 or More (Report or Schedule C)		
IF APP'LICABLE, LIST GATE:	IF APPLICABLE, LIST DATE:		
/	/ / 09 / / 09		
ACQUIRED DISPOSED	ACQUIRED DISPOSED		
Commente	•		

SCHEDULE A-1 Investments

Stocks, Bonds, and Other Interests (Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION	
Name	

► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY			
Allianz Life Insurance Co.	American Funds			
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY			
Tax Shelter Annuity	Tax Shelter Annuity			
FAIR MARKET VALUE	FAIR MARKET VALUE			
☐ \$2,000 ~ \$10,000 ※ \$10,00 + \$100,000	3 \$2,000 - \$10,000 3 \$100,000 3			
\$1(0),001 · \$1,000,000 Dver \$1,000,000	\$100,001 - \$1,000,000 Cvor \$1,000,000			
NATURE OF INVESTMENT TSA (Spouse)	NATURE OF INVESTMENTTSA (Spouse)			
(Clescate)	(Describe)			
Pannership Income of \$0 - \$500 Income Receivert of \$500 or More (Report on Schedule C)	☐ Partnership ☐ Income of \$0 - \$500 ☐ Income Received of \$500 to Morre (Report on Schoolde C)			
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:			
ACQUIRED DISPOSED	ACQUIRED DISPOSED			
► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY			
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY			
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY			
FAIR MARKET VALUE	FAIR MARKET VALUE			
\$2,000 - \$10,000	(200.000			
\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000			
NATURE OF INVESTMENT	NATURE OF INVESTMENT			
Stock Other	Stuck Other			
(Describe) Partnership Income of \$0 - \$500	IDescribe Income of \$0 - \$500			
O Income Received of \$500 or More (Report on Schedule C)				
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:			
ACQUIRED DISPOSED	ACQUIRED DISFOSED			
► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY			
CENTERS DESCRIPTION OF RESENTES ACTIVITY	CENEDAL DESCRIPTION OF PLYCHESS ACTIVITY			
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY			
FAIR MARKET VALUE	FAIR MARKET VALCIE			
\$2,000 - \$10,000 \[\sum \$100.000	\$2,000 - \$10,000 \$100,000			
S100,001 - \$1,000,600 Dver \$1,000,000	5100,001 - \$1,000,000 Cover \$1,000,000			
NATURE OF INVESTMENT	NATURE OF INVESTMENT			
Stock Other (Oescube)	Stock Other (Describe)			
Partnership O Income of \$0 - \$500	Partnership () facome of \$6 - \$500			
Ci Income Received all \$500 or More (Reyen on Succedule C)	O income Received at \$500 or Mare (Repart on Schedule C)			
IF APPLICABLÉ, LIST DATE:	IF APPLICABLE, UST DATE:			
ACQUIRED DISPOSED	ACQUIRED DISPOSED			
Comments:				

SCHEDULE D Income - Gifts

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Hubert (Hub) Walsh, Jr.

ans.c

► NAME OF SOURCE	► NAME OF SOURCE Calif. Supervisors Assoc. of Counties CSAC ADDRESS (Business Address Acceptatio)		
Nationwide Retirement Solutions			
ADDRESS (Business Address Accuptable)			
One Nationwide Plaza, Columbus, OH 43215 BUSINESS ACTIVITY, IF ANY, OF SOURCE	1100 K Street, Sacramento BUSINESS ACTIVITY, IF ANY, OF SQUREE County Government Advocacy Assoc.		
			Retirement activities
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFTIS)			DATE (mm/dd/yy) VALUE
11 / 19 / 09 s 73.53 dinner	11,17,09 \$ 187.	10 Hosted Dinner Event	
summer Su	\$	for CSAC Board	
	\$	Annual Conference	
NAME OF SOURCE	► NAME OF SOURCE		
Gallo Farms			
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Ac	veptable)	
18000 W. Roner Road, Livingston, CA 95334			
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, O	BUSINESS ACTIVITY, IF ANY, OF SOURCE	
Farming Operations			
DATE Imm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE	DESCRIPTION OF GIFT(5)	
12 / 01 / 09 s 40.00 Cheese Box	\$		
	\$		
NAME OF SOURCE	► NAME OF SCIURCE		
ASIDRESS (Business Address Acceptable)	ADDRESS (Business Address Ac	ADDRESS (Business Address Acceptable)	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, UF SOURCE		
DATE (mm/cld/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE	DESCRIPTION OF GIFT(S)	
	\$		
	\$		
	\$		
Comments:			